

Program Sponsor Form

Drowsy Chaperone – RDS Gym – Summer 2026

Every Donation helps local teens keep theatre alive ;)

Information (please print or type)

*Actor Being Sponsored	
*Sponsor Company Name	
Sponsor Name, title (if applicable)	
Desired Listing in Program	
*Business Website Address	
Business Address	
City, State, Zip Code	
Business Telephone	
*Business E-mail Address	

**These are the only mandatory rows if you wish for your donation to be anonymous.*

Pledge Information

I (we) pledge a total of \$ _____ to be paid. ____check if I/we wish to remain anonymous.

Donations of \$75 – sponsor gets a quarter page ad in program

Donations of \$150 – sponsor gets a ½ page ad in the program

Donations of \$300 – sponsor gets a full page ad in the program

Donations of \$500 – sponsor gets a full page ad in the first or last page of program

Food Donations to feed the cast get a ½-¾ ad in the program and a thank you post on our facebook and instagram.

The sponsor also receives their contact information on our website & a link to their website.

Please email a logo to jennavasaitisrds@gmail.com that we can use.

Please make checks, corporate matches, or other gifts payable to:

Jenna Vasaitis - 1260 Arrowhead Ct. Crown Point IN 46307